Approved for use through oscarzoff, OMB osci-onaz-Under the Paperwork Reduction Act of 1895, no persons are regulard to respond to a collection of knormation unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RESERVED Substitute for Form PTO-876 Application of Dookel Number .... APPLICATION AS FILED - PART ! (Column 1) (Column 2) SMALL ENTITY OTHER THAN .OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BABIO FEE RATE (\$) FEE (\$) (87 OFR 1.16(a),(b); or (c)) · N/A RATE (\$) N/A FEE (\$) . N/A SEARCH FEE N/A (37 CFR 1.16(10, (D, or (m)) N/A N/A EXAMINATION FEE (87 OFR 1.16(0), (P), or (Q)) NA N/A N/A N/A . NVA TOTAL CLAIMS NA (37 CFR 1.16(1)) minus 20 = 25 INDEPENDENT CLAIMS 50 (37 OFR 1.15(h)) OR minus ·3· x 105 = If the specification and drawings exceed 100 200 sheels of paper, the application size fee due APPLICATION SIZE is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See (37 CFR 1.16(6)) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s). MULTPLE DEPENDENT CLAIM PRESENT (37 OFR 1.18(1)) 185 t the difference in column 1 is less than zero, enter \*0\* in column 2. 370 TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY SMALL ENTITY OR CLAIMS HIGHEST REMAINING NUMBER PREVIOUSLY PRESENT AFTER AMENDMENT DMENT RATE (\$) EXTRA RATE (\$) ADDI-PAID FOR TIONAL . Total . TIONAL FEE (\$) Minus FEE (\$) Independent Of OFR 1.16(h)) 25 ÖR. Minus x.50 Application Size Fee (37 CFR 1.16(s)) x 105 = 210 **OR** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II) 185 370 OR: TOTAL ADD'L FEE TOTAL OR ADD'L FEE (Column 1) (Column 2) (Columni 3) CLAIMS HIGHEST NUMBER œ REMAINING PRESENT AFTER RATE (\$) ADDI-PREVIOUSLY MENDMENT EXTRA RATE (\$) ADDI-TIONAL FEE (\$) PAID FOR Total Minus FEE (\$) 15 (17 OFA-1.16(N) Minus 50 OR Application Size Fee (37 CFR:1.16(s)) 105 OR x 210 = FIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIM. (37 OFR 1.160) 185 OR If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

This Highest Number Previously Paid For" (In THIS SPACE is less than 3, enter "3".

This collection of Information is required by 37 CFR 1.16. The Information is required to column the appropriate box in column 1.

USPTO to process, an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is better the public which is to file (and by the including gathering, preparing, and submitting the completed application for no the uncount of time you require to complete this form and/or suggestions for reducing Its beautiful upon the individual case. Any comments and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. TOTAL ADD'L FEE

If you need assistance in completting the form, ball 1-800-PTO-9188 and select option 2.